



Please submit completed copy to:

## Selectmen's Office

29 West Avenue, Essex, CT 06426  
or fax to 860-767-8509, Attention: 1<sup>st</sup> Selectman

### Application for Car Wash Event at Town Garage

Please note: Non-school related organizations are required to show proof of insurance to cover a minimum liability of \$1,000,000 for personal injury, unless waived by the First Selectman.

Date submitted:

Organization:

Contact person:

Phone number:

Address:

Date(s) requested:

Time of actual event:

From

To

Person supervising event:

Phone number:

Brief description and purpose of event:

Approximate number of persons involved:

Special Needs:

By signing this form you accept responsibility for the safety of this event and facilities being used.

Signature of Applicant:

For Town Hall Purposes Only:

Director of Public Works Approval:

Date:

First Selectman Approval:

Date: